

Homestead Change For Asmt Year _____

Pay _____

Initiated by _____

PIN # _____

Date _____

For Office Use Only					
New Applicant	Mid-Year Applicant	Code	App #		
CRV Filed	Date of doc	Type of doc	FB	Comp	Notes

City of Willmar

**Application For Residential Relative Homestead Classification
For Property Being Occupied By Qualifying Relative Of Owner**

Read the back of this application before filling it out.

Street Address of Property _____ PO Box # _____ City _____ Zip _____ Date Occupied by Applicant _____
 Legal Description of Property (from your deed for the ownership of the property) _____

1st Notice _____ 2nd Notice _____ Final Notice _____

Occupant: Please answer the following questions:

- | | | |
|--|-----|----|
| 1. Were you obtaining the homestead classification on your previous residence?
If yes, list city or township and county that property was located in? _____ | Yes | No |
| 2. Marital Status: Single Married Separated | | |
| 3. Will you be changing your address on your driver's license?
If no, explain why and list the address used: _____ | Yes | No |
| 4. Will you receive mail at the above legally described property? | Yes | No |
| 5. Will you file your Minnesota Income Tax from your new property address? | Yes | No |

Qualifying Relative of Owner Who Occupies The Property

One of the owner's qualifying adult relatives and spouse who occupies the property as his or her primary residence must print his or her name and Social Security number below, list his or her relationship to the owner, and sign the application.

Print last, first and middle name of qualifying relative occupant _____ Relationship to owner _____ Social Security Number _____

Signature of qualifying relative _____ Date _____ Daytime Phone Number _____

Print last, first and middle name of spouse of qualifying relative _____ Relationship to owner _____ Social Security Number _____

Signature of spouse of qualifying relative _____ Date _____ Daytime Phone Number _____

Owners Whose Qualifying Relative Occupies The Property as Their Primary Residence

All owners of this property and their spouses to whom the qualifying relative is related must fill in this section and sign it.
 If you need space to list more owners, use an extra sheet and include it with this application.

Print last, first and middle name _____ Street Address _____ City _____ State _____ Zip _____

Relationship to occupant _____ Owner's Signature _____ Date _____ Daytime Phone Number _____

Print last, first and middle name _____ Street Address _____ City _____ State _____ Zip _____

Relationship to occupant _____ Owner's Signature _____ Date _____ Daytime Phone Number _____

Owners Not Related to Qualifying Relative

The name of each owner of this property who is not related to the qualifying relative who occupies this property must be filled in below.
 If you need space to list more owners, use an extra sheet and include it with this application.

Last, first and middle name _____ Street Address _____ City _____ State _____ Zip _____

Last, first and middle name _____ Street Address _____ City _____ State _____ Zip _____

If this property is sold, or if your relative changes his or her primary residence, state law requires you to notify your County Assessor within 30 days.

REL RES

Return to: City of Willmar Assessor, 333 6th St. SW, Willmar MN 56201